



TO ALL APPLICANTS:

We would like to thank you for your interest. We take pride in our variety of homes and are pleased with what we have to offer our applicants. Enclosed in this packet is an application that needs to be completed to start the process of finding a place to call home. Our *Tenant Selection Plan* is available to anyone who requests it, please contact our office for a copy or find it posted at the property.

Once you have submitted a **complete** application, including all questions answers, required areas signed, and necessary IDs, you are placed on the waiting list of your choosing. The length of the waiting lists vary between properties and are subject to change with additional applications being submitted and availability of units.

The following procedures are used and considered for processing all submitted applications to determine eligibility:

- Availability of Qualifying Apartment
- Income Eligibility
- Submission Date
- Credit Screening
- Landlord Screening
- Criminal Background Screening

PLEASE NOTE:

- It is your responsibility to be in contact with our office/manager to notify us of any changes in income, physical or mailing addresses, household members, or contact information while you are on a waiting list.
- After twelve (12) months, your application will expire. If you are still interested in staying on a waiting list, you will need to complete and submit a *new* application with updated information.
- If an apartment becomes available to offer and you cannot be reached by the contact information provided in your application, Mills Property Management will move on to the next person on the wait list.
- For accurate information, credit and landlord screening will take place when a unit is approaching availability in correlation with your position on the waiting list. Criminal screening will take place after an intent to rent is signed or retainer is paid, unless disclosed in Sec. F Program Information.
- The average time needed to process an application can take between 14-21 business days, after the intent to rent or retainer is signed and/or paid.

Mills Property Management does not discriminate against any person because of age, race, color, religion, sex, disability or handicap, creed, familial status or national origin.

Elena McKeown is the licensed responsible broker, representing the owner in this transaction. All agents of **Mills Property Management, Inc.** represent the owner in this and any other transaction.

SECTION 504 EQUAL ACCESS STATEMENT

Mills Property Management, Inc. Self-Evaluations and Transition Plan

For mobility impaired persons... This document is kept at 630 Western Avenue in Brookings, South Dakota, which is an accessible facility on an accessible route (parking is available). The document may be examined from Monday through Friday between the hours of 8:30 AM and 4:30 PM. You may phone in to make arrangements to examine this document. Please call 605-697-3175. Hearing impaired persons please call 800-877-1113 (state relay).

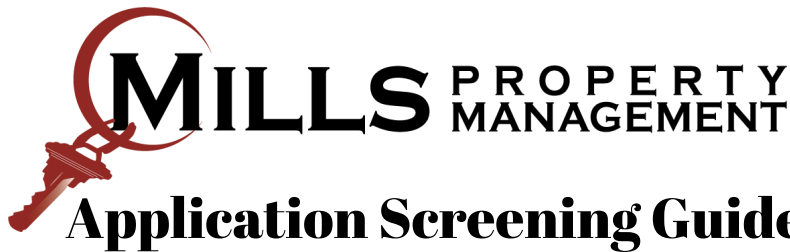
For vision impaired persons... Mills Property Management, Inc. will provide a staff person to assist a vision-impaired person in reviewing this document. Assistance may include: describing the contents of the document, reading the document or sections of the document, or providing such other assistance, as may be needed to permit the contents of the document to be communicated to the person with vision impairments.

For the hearing impaired persons... Mills Property Management, Inc. will provide assistance to hearing impaired persons in reviewing this document. Assistance may include provision of a qualified interpreter at a time convenient to both the Property and the individual. Please call state relay at 800-877-1113 to schedule an appointment.

Assistance to ensure equal access to this document will be provided in a confidential manner and setting. The individual with disabilities is responsible for providing their own transportation to and from the location where this document is kept.

If an individual with disabilities is involved, all hearings or meetings required by this document will be conducted at an accessible location with appropriate assistance provided.

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex age, creed or disability. (Not all prohibited bases apply to all programs).



MILLS PROPERTY MANAGEMENT

Application Screening Guide

Take a brief look at what our screening department is checking for as they process your application.

In the event that you may not meet criteria, ***we offer reconsideration!***

Feel free to inquire with management on the details of our reconsideration process.

Credit Screening

What we screen: Monies owed to previous/current landlords; Monies owed to utility companies and/or any combined non-utility / rent past due judgments over \$3,500 within the last two (2) years. (please note: the total judgement amount is subject to change depending upon the property you are applying for)

- Any past due medical bills or student loans are not counted against anyone
- We also do not review *credit scores*

Criminal Screening

- *Within the past 3 Years or exit from incarceration:*
 - Criminal Activities Resulting in other non-violent Felony Convictions
 - Record of 3 or more separate instances involving misdemeanor alcohol/drug convictions
- *Within the past 5 Years or exit from incarceration:*
 - Felony Conviction involving Violence or Potential Violence
 - Record of 3 or more separate instances of Alcohol/Drug Convictions resulting in Felony Conviction
- *Within the past 15 Years or exit from incarceration:*
 - Felony Conviction Involving Arson, Human Trafficking, Terrorist Activities, Weapons Charges, or the Illegal Distribution or Manufacture of a Controlled Substance.
- Applicant is a Registered Sex Offender; This will be an automatic denial of the application and no reconsideration can be offered.
- Any *pending* charge that may not meet criteria listed above will need a final judgment before an application can be approved or denied

Landlord Screening

We Conduct a thorough Survey of the past 5-years Rental History, Seeking Information on:

- Rental Payment Performance & any past due amounts still owed
- Unit Maintenance and Housekeeping
- Record of Disturbing Neighbors or Interfering with Management
- Compliance of Lease Agreement and Community Policies

If any criteria listed above are not met, applicants will receive proper notice in the mail and/or via email detailing the information on next steps and our reconsideration process
For further questions, please review our **Tenant Selection Plan** or speak to a manager.





APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

APPLICATION FOR SECTION 8/USDA 515 HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to **Mills Property Management, Inc.**, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- **Mills Property Management, Inc.** is a management company that provides low rent housing to eligible family households, elderly households and single people. **Mills Property Management, Inc. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability or handicap, creed or familial status.** In addition, **Mills Property Management, Inc.** has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation or modification is a change that **Mills Property Management, Inc.** can make to its procedures or apartments that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation or a modification, or qualify for a handicap adjustment to income under the HUD, USDA, Rural Development programs, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- **The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, creed, or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC, 20410.**

Mills Property Management, Inc. communities are ALL smoke free. You will be required to sign a Smoke Free Lease Addendum upon your lease signing. Please be sure to note the smoking status of the property before move-in.

| | | |
|--|----------------|-----------|
| MILLS PROPERTY MANAGEMENT USE ONLY: DATE RECEIVED: | TIME RECEIVED: | INITIALS: |
|--|----------------|-----------|

INSTRUCTIONS FOR COMPLETING APPLICATION

Please follow carefully - Incomplete applications will be returned to the mailing address provided.

1. **Proof of US Citizenship** The US Department of Housing & Urban Development, (HUD) and HOME **requires** that all applicants be US Citizens, nationals or certain categories of eligible non-citizens. To do this, you **must** complete the Declaration of Section 214 Status forms for **EACH** family member (including yourself). These forms will be provided with your move in paperwork for completion.
2. **A copy of each household member's Social Security Card is required** The government **requires** that all applicants submit a copy of their social security card with the attached housing application.
Note: Copies of Metal Social Security Cards are not acceptable.
 If you cannot provide us with a copy of your social security card, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application for move in.
3. **A copy of each household member's Birth Certificate is required.**
4. **Each person over 18 years old must have a copy of a State issued ID attached to their application before any processing of the application is done**
5. **Signatures are required by all adult applicants**

Mills Property Management Inc
630 Western Ave

Applications can be submitted to your local branch office or to: Brookings SD 57006

ALL SECTIONS MUST BE COMPLETED IN INK. IF NOT APPLICABLE PLEASE MARK N/A

A. FAMILY SUMMARY: (List all persons, including yourself, who will be living in the unit)

| Name | Relationship | Gender <small>(Mark N/A if choose not to disclose)</small> | Social Security # | Birth Date | FT/PT Student | U.S. Citizen (Yes/No) |
|------|-------------------|---|-------------------|------------|---------------|-----------------------|
| 1. | Head of Household | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Telephone Number: _____

What specific town or property are you applying for: _____ Requested Unit Size: _____

Date you are looking to occupy an apartment: _____ Do you expect a change in your household? Yes No

Present amount of monthly rent? \$ _____ If Yes, please explain: _____

Reason for moving? _____ Do you have a pet/companion/service animal? Yes No

How did you hear about Mills Property Management? (Please check all that apply)

Friend Radio Web Newspaper Property Sign Social Agency Other

As an accomodation, I have requested assistance to complete my application. Yes No

If yes, who: _____ Relationship to Applicant: _____

B. INCOME:

All sources of regularly received monies must be listed regardless of recipient's age **Either YES or NO MUST be checked**

DOES ANYONE IN THE HOUSEHOLD RECEIVE INCOME FROM THE FOLLOWING SOURCES?

| | |
|--|--|
| Employment (wages, salaries, tips, commission, bonuses) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Self-Employment or Gig Income (If yes, attach most current tax return & schedule C) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Unemployment Compensation / Workers' Compensation (attach award letter) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Court Ordered Alimony / Spousal Support Payments (attach divorce decree) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Court Ordered Child Support State County State _____ County _____ | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Temporary Assistance for Needy Families (TANF) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Social Security Retirement Benefits (please provide a current benefits letter) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Supplemental Security Income (SSI) (please provide a current benefits letter) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Social Security Disability Income (SSDI) (please provide a current benefits letter) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Optional State Supplement (\$15 per month) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Veterans Benefits / Military Pay | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Pension or Retirement Funds (Railroad, etc.) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Annuities | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Required minimum distribution (RMD) off of your retirement accounts | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Other income not listed above? Description: | YES <input type="checkbox"/> NO <input type="checkbox"/> |

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION:

| Family Member Name | Income Source (Job, SS, SSI, Pension, Etc.) | Name of Source (McDonalds, Walmart, Etc.) | City/State | Monthly Gross Amount \$ |
|--------------------|---|---|------------|-------------------------|
| | | | | |
| | | | | |
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C. ASSETS

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes No

If yes type of asset (e.g. money/land/house) _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____

Date of transaction _____

Real Estate

Do you own any property? Yes No

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor **Address** **City** **State** **Zip**

E. MEDICAL EXPENSES:

If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the HUD, USDA, Rural Development programs, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.

Tenants or Co-Tenants who are *disabled, handicapped or over age 62* may qualify for an income adjustment. Depending on the property program, some medical expenses may not be covered at move in.

- Do you qualify under this provision? Yes No
- Do you require any modifications to an apartment? Yes No

If yes, please explain: _____

May not apply to certain properties

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are **paid for out of your own pocket and not reimbursed by medical insurance.**

| | |
|--|--|
| Mental Health Practitioners | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Chiropractors | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Hospital/ Clinic | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Medical Insurance Premiums | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Medicare Insurance Premiums | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Pharmacy | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Prescription Insurance Premium | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Dentist | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Hearing Aids/Batteries | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Over the counter medication prescribed by a physician for a particular medical condition – if applicable, receipts must be provided | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Medical equipment – one-time expense. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Transportation expense to and from treatment | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Service/companion animal expenses - if applicable, receipts must be provided | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Other expense not listed above? Description: | YES <input type="checkbox"/> NO <input type="checkbox"/> |

IF YES TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE THE FOLLOWING INFORMATION

| Household Member | Name of medical source (Avera Clinic, Sanford Hospital, etc.) | Type of expense (doctor, pharmacy, dentist, etc.) | Street Address | City/State/Zip |
|------------------|---|---|----------------|----------------|
| | | | | |
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F. PROGRAM INFORMATION:

- Are you currently living in subsidized housing? Yes No
- Do you have a Section 8 Voucher or any other type of voucher? Yes No
- Have you been served a Notice to Quit or been asked to leave by a previous landlord? Yes No
- Have you been served with lease violations from a previous landlord? Yes No
- Have you been evicted by a previous landlord? Yes No
- Have you or any household member been evicted for drug-related criminal activity? Yes No
- Have you or any household member been convicted of a sex related crime or are subject to a lifetime registration in a state sex offender registration program?..... Yes No
- Have you or any household member been involved with any of the following crimes including: violence, firearm violations, illegal drugs, thefts, vandalism, disorderly conduct, disturbing the peace, assaults, or stalking (do not include minor traffic violations)? Yes No

If you answered yes to any of the above questions, please explain the circumstances and identify property & landlord if applicable:

Please list ALL states in which you have resided in. This is needed for each adult household member.

| | | |
|-------------------|------------|----------------------------|
| Head of Household | Print Name | States you have resided in |
| Co-Head | Print Name | States you have resided in |
| Other Adult | Print Name | States you have resided in |
| Other Adult | Print Name | States you have resided in |



G. ADDRESS INFORMATION: Please list all Current & Previous Addresses (**for the last 5 years**) for **ALL Adults** in Household. Applications will be considered incomplete if left blank.

| <u>Current Address</u> | <u>Current Address</u> |
|--|--|
| Applicant Name: | Applicant Name: |
| Address: | Address: |
| Landlord's Name and Contact Information (If Applicable): | Landlord's Name and Contact Information (If Applicable): |
| Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date of Occupancy: From: _____ to _____ | Date of Occupancy: From: _____ to _____ |

| <u>Previous Address:</u> | <u>Previous Address:</u> |
|--|--|
| Applicant Name: | Applicant Name: |
| Address: | Address: |
| Landlord's Name and Contact Information (If Applicable): | Landlord's Name and Contact Information (If Applicable): |
| Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date of Occupancy: From: _____ to _____ | Date of Occupancy: From: _____ to _____ |

| <u>Previous Address:</u> | <u>Previous Address:</u> |
|--|--|
| Applicant Name: | Applicant Name: |
| Address: | Address: |
| Landlord's Name and Contact Information (If Applicable): | Landlord's Name and Contact Information (If Applicable): |
| Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is this landlord related to you? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Date of Occupancy: From: _____ to _____ | Date of Occupancy: From: _____ to _____ |



H. ETHNICITY & RACE:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development/HUD that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

| Name: | |
|---|-------------|
| Ethnic Categories | Select One |
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories | One or More |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| | |
| Choose Not to Disclose | |

| Name: | |
|---|-------------|
| Ethnic Categories | Select One |
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories | One or More |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| | |
| Choose Not to Disclose | |

| Name: | |
|---|-------------|
| Ethnic Categories | Select One |
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories | One or More |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| | |
| Choose Not to Disclose | |

| Name: | |
|---|-------------|
| Ethnic Categories | Select One |
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories | One or More |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| | |
| Choose Not to Disclose | |

I. STUDENT INFORMATION:

Will all of the persons in the household **be or have they been full time students during five months** of this calendar year at an educational institution (other than correspondence school) with regular faculty and students? Yes No

If yes, please answer the following questions:

Are any of the full-time students married and filing a joint tax return? Yes No

Are any of the students a title IV recipient (receiving assistance under the Social Security Act)? Yes No

Are any of the students enrolled in a job training program receiving assistance under the Job Training Partnership Act? Yes No

Are any of the full-time students on Aid to Families with Dependent Children (AFDC) or TANF recipients? Yes No

Are any of the full-time students a single parent living with his/her minor child who is not a dependent on another's tax return? Yes No

Is the head of the household claimed on their parent's tax return? Yes No

Do you claim your child/children on your tax returns? Yes No

MUST BE COMPLETED BY EACH ADULT APPLICANT/RESIDENT

STUDENT CERTIFICATION

Applicant/Resident _____ Social Security Number _____

Are you student at an institution of higher education? _____ Yes No If you are *not* a student, please skip the questions and sign below

Are you a citizen of the United States? _____ Yes No
If no, please provide a current I-20 Certificate of Eligibility for Nonimmigrant Student Status.

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. Online courses/universities should be included as well. If you are not sure, please mark "yes" and we will verify it.*

***If you become a student at an institution of higher education or your student status changes during tendency, this may affect your eligibility at the property you reside.**

If **yes**, I am a student at the following educational institution: _____

If you answered yes, please complete the following questions:

| | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you disabled? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a graduate or professional student? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you at least 24 years of age? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a veteran of the United States military? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you married? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a dependent child? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents other than a child or spouse? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you an orphan or a ward of the court through the age of 18? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you be living with your parents? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: | | |
| a. Are your parents receiving or eligible to receive Section 8 assistance? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving any financial assistance to pay for your education? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I have established a household separate from my parents or legal guardians for at least 12 consecutive months prior to my application. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Printed Applicant Name: _____

Applicant Signature: _____

Date: _____

MUST BE COMPLETED BY EACH ADULT APPLICANT/RESIDENT

STUDENT CERTIFICATION

Applicant/Resident _____ Social Security Number _____

Are you student at an institution of higher education? _____ Yes No If you are *not* a student, please skip the questions and sign below

Are you a citizen of the United States? _____ Yes No
If no, please provide a current I-20 Certificate of Eligibility for Nonimmigrant Student Status.

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation," and accredited post-secondary colleges and universities. Online courses/universities should be included as well. If you are not sure, please mark "yes" and we will verify it.*

***If you become a student at an institution of higher education or your student status changes during tendency, this may affect your eligibility at the property you reside.**

If **yes**, I am a student at the following educational institution: _____

If you answered yes, please complete the following questions:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you disabled? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving Section 8 assistance as of November 30, 2005 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a graduate or professional student? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you at least 24 years of age? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you a veteran of the United States military? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you married? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a dependent child? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have dependents other than a child or spouse? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Were you an orphan or a ward of the court through the age of 18? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Will you be living with your parents? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| If no: | | |
| a. Are your parents receiving or eligible to receive Section 8 assistance? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you receiving any financial assistance to pay for your education? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I have established a household separate from my parents or legal guardians for at least 12 consecutive months prior to my application. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

Printed Applicant Name: _____

Applicant Signature: _____

Date: _____

All information received by Mills Property Management, Inc. during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

CERTIFICATION

- I/we declare that I have read and do understand this application and to the best of my knowledge and belief, it is true, correct and complete. Further, I am aware that under section 4-9-5 of South Dakota Codified Law, a person is guilty of a felony if in a government matter such as this, he makes false written statements when the statement is material and he does not believe it to be true.
- I/we also understand that if in twelve (12) months, if I have not heard from Mills Property Management, Inc. and I want to remain on the waiting list, I will need to fill out a new application.
- I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. **I/we certify that the housing I/we will occupy is/will be my/our permanent residence.**
- I/we understand that eligibility for housing will be based on the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Mills Property Management, Inc. tenant selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.
- I agree to inform the management agency personnel immediately of any change in income, resources, number of persons in my household, etc., which might affect my eligibility for housing assistance payments.
- **I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

Head: _____

Spouse/Co-Head: _____

Date: _____

Date: _____

Other Adult: _____

Other Adult: _____

Date: _____

Date: _____



AUTHORIZATION

I/we do hereby authorize Mills Property Management, Inc. and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

| | | | |
|--------------------------|--------------|-----------|------|
| Head of Household | Name Printed | Signature | Date |
|--------------------------|--------------|-----------|------|

| | | | |
|----------------|--------------|-----------|------|
| Co-Head | Name Printed | Signature | Date |
|----------------|--------------|-----------|------|

| | | | |
|--------------------|--------------|-----------|------|
| Other Adult | Name Printed | Signature | Date |
|--------------------|--------------|-----------|------|

| | | | |
|--------------------|--------------|-----------|------|
| Other Adult | Name Printed | Signature | Date |
|--------------------|--------------|-----------|------|

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.